

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000050668 (8)

1. Corporation Name
INTERACTIVE, CORP.



Principal Place of Business

**231 LAKEVIEW DRIVE
BUILDING #30, SUITE 206
FT. LAUDERDALE FL 33326**

Mailing Address

**231 LAKEVIEW DRIVE
BUILDING #30, SUITE 206
FT. LAUDERDALE FL 33326-1061**

3. Date Incorporated or Qualified **06/12/1996** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 231 LAKEVIEW DRIVE	26 231 LAKEVIEW DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 BUILDING # 30 - SUITE 206	27 BUILDING # 30 - SUITE # 206
City & State	City & State
23 FT. LAUDERDALE - FL	28 FT. LAUDERDALE - FL
Zip	Zip
24 33326	29 33326
Country	Country
25 USA	30 USA

4. FEI Number **52-1987499** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PAREJA, AURA
231 LAKEVIEW DRIVE
BUILDING #30, SUITE 206
FT. LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	
STREET ADDRESS	ALFREDO S. PAREJA	1.3 STREET ADDRESS	
CITY-ST-ZIP	231 LAKEVIEW DRIVE - BLDG. 30 / SUITE 206 FT. LAUDERDALE - FL - 33326	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE - PRESIDENT	2.2 NAME	
STREET ADDRESS	JIMMY J. PAREJA	2.3 STREET ADDRESS	
CITY-ST-ZIP	231 LAKEVIEW DR. - BLDG. # 30 - SUITE 206 FT. LAUDERDALE - FL - 33326	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	3.2 NAME	
STREET ADDRESS	AURA PAREJA	3.3 STREET ADDRESS	
CITY-ST-ZIP	231 LAKEVIEW DR. BLDG # 30 - SUITE 206 FT. LAUDERDALE - FL - 33326	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE *[Signature]* DATE **06/12/97** **0511 384 9029**

CR2E034 (9/96)